

No 108

#19

An inaugural dissertation on Pneumonia
Typhoides or the winter epidemic as it appeared
in Washington county Virginia in 1818 & 1819
with a sketch of the climate.

To be submitted to the trustees &
faculty of medicine in the
University of Pennsylvania
for the degree of Doctor of medicine.
By Mitchell Tate of Virginia

Passed March 19th. 1823

March 10th 1823

The manuscript contains a list of names
of persons who were present at the
meeting of the committee on the 1st of
January 1841.

The names of the persons who were
present at the meeting of the committee
on the 1st of January 1841 are as
follows:—

John A. Hall, Esq.

1841-1842

Virginia is bounded on the south, by a line on the parallel of $36^{\circ} 30'$ N. E. The country of Washington touches this line. The town of Abingdon, situated near the center of the county, about sixteen miles north, of the southern boundary of the county, and about the same distance, from the northern boundary of Tennessee. It is thus placed in the southernmost border of the state. On the north & south, the county is bounded by mountains of great elevation; on the north by the great Clinch mountain, on the south by the Iron, or white top. The elevation of the east, is so great, that no trees, or shrubs grow on or near its summit. These great mountains run nearly parallel to each other, their general course is, from north east to south west. They are distant from each other about twenty miles. The country of Washington is a great valley placed between them: This valley is watered by the three branches of the Holston. They are called the south, middle, & north, branches or forks, taking their sources from the east side, of what is called, a descending ridge, separating the head waters, of the Holston, from the river, or Kanawha. The streams from the east side, run to the great Kanawha. The branches of the Holston take their rise, to the east of the county, from numerous springs, situated in the valley. The

tributary streams of each fork, are divided from ~~the~~ others, by elevated ridges. They take a course towards the south west, gradually converging. The south, & middle forks, unite, in the vicinity about seven miles south of Abingdon. The north fork unites with the others, in the state of Tennessee, & forms the Holston river, which goes on to meet the Tennessee river. The general aspect of the country is hilly. The soil is placed on a bed of lime stone, & consists of rich mould & clay. Springs of lime stone water are very abundant. The margins of the streams have a large portion of rich bottom land: The soil generally is good, & well calculated for the production, of grass, clover & bread stuff of every kind. The face of the country, which has not been cleared, is richly covered, by large & beautiful forest trees, & a rich variety of plants many of which are well known to the botanist. This country is in a very elevated situation, being near to the Alleghany mountain, & looking towards the great valley of the Mississippi distant from the gulph of Mexico, more than one thousand miles, & 400 miles from the eastern seaboard. This elevation connected with the general mountainous character of the country, has a very great influence on the climate. In such a situation we are to expect sudden & great vicissitudes of temperature. We have frost, occasionally in ^{early} ~~the~~ months, except those of the summer.

snow is not infrequently seen on the mountains, early in October, & may. No meteorological observations have been made in that country that I know of. It is therefore impossible for me to give an accurate statement of the mean temperature of the atmosphere. The thermometer ranges, during the summer months at 2 o'clock, between 75° & 85° of Fahrenheit's scale; & I have seen it as high as 89° . This continues to be agreeable, & even necessary until the middle of June, in the morning, & evening, & indeed throughout summer; when there is much rain. A great deal of which falls every year. Vegetation generally commences early in March, but is frequently checked, by frost & snow. About the middle of April, the fruit trees are in full bloom, & before the last of May the forest trees are covered, with foliage more than half grown; early in June they are fully developed, when the whole country, presents an extremely luxuriant appearance, beautifully variegated, by the difference of productions on the mountains, & in the valley. The summer months are tempered with a delightful breeze from the northern mountains, which are of great extent between that country & the Ohio. The fall months are very pleasant & about the 1st of November; on the decline of the leaf, this country exhibits in perfection, all those beauties, which have been so much spoken

of, arising from the varied tints of color, produced by the differ-
ent states, of decline in the foliage. The winter usually commen-
ces, about the middle of December, & is marked throughout by great
vicissitudes of temperature. Occasionally the whole country is
frozen, & the weather extremely cold: But these spells of cold,
are generally of short duration, terminating in a thaw, with all
its consequences of mud &c. I have never had it in my power to make
the greatest descent of the mercury, during our coldest weather: There
is but little snow during the winter, but much rain clearing
off with a hard north-east wind. The winter is decidedly the most
sickly season, producing catarrh, pleurisy, rheumatism & other
inflammatory affections. These diseases continue more or less during
the spring: Cholera infantum is frequently met with in the same
form of a mild character. Dysentery, is also, very common, occasi-
onally epidemic. This disease is seldom fatal & scarcely ever requires
the lancet; the inflammation being moderate. Intermittents are un-
known. Remittents are common, in August & September, in cer-
tain situations, apparently produced by local sources of miasmata.
The disease is generally very easily managed, by the common reme-
dies. Pulmonary consumption has become very common,
probably

probably owing to the great vicissitudes of temperature - Scrophula
is almost unknown - Gout is frequently met ^{with} in this mountainous
district - Gynonche rheachalis, is very rare, met with, I have not
^{seen} 10 cases in a practice of 15 years. Disease of the liver is not often
seen but as a consequence of the use of ardent spirits. Scandiac was
prevalent about Abington in 1810 & was of a very mild character.
I have seen but a single case of calculus in the country.

I might go on to enumerate many more diseases met with in that
county but deem it unnecessary to say more on the subject.

I will now give a slight history of the smallpox, as it
appeared in my practice in the years 1818 & 19.

This disease made its first appearance in Washington county early in
January 1818, during a spell of very cold weather. The first case was that
of a young man about 20 years of age, a blacksmith, of strong & robust con-
stitution. He complained at first of dulness, lopsidedness, & soreness of all
the muscles, with disturbing, aching, of the whole body, with shivering
fits; which was soon followed by fever, with pain in the head and
side, & considerable nausea. When I first saw him he had been several
days. He had been bled once & had taken a dose of salts. He com-
plained now very much of his side & could not take a full inspiration,



without any acute pain; his pulse full, strong, & frequent; skin,
very hot, breathing, difficult, with some cough, lungs loaded & tinged
yellow, countenance disturbed & heavy. Without hesitation, I took from
his arm more blood, about 13 $\frac{1}{2}$. He became sick & weak from the
operation with some relief to his head & side. He did ^{not} recover quite
duly from this stroke, as persons usually do who have a tendency to syn-
cope; but remained sick & full for a considerable time. The force of
his pulse was greatly reduced & he continued to have much of pain.
That night he took 10 grs of calomel, its operation to be aided by an
infusion of scum. A large blister was applied to his side his counte-
nance continuing dull, & heavy - I saw him the next morning; the
medicine had operated very well ~~bringing~~ ^{& brought} away, a great deal of dark
matter. The blister had drawn well, & the pain in his side was conse-
quently removed. He continued sick at the stomach, countenance dull,
skin not so hot, pulse frequent, but not strong - I now gave him an
emetic, with an expectation that it would relieve his stomach & the
dull appearance of his countenance. Softer, & relax his skin, preparing
the way for diaphoretics. The medicine continued anterior, operated
five or six times, throwing off large quantities of bile, & mucus. I saw
him very soon after the operation of the emetic, he said he was much
easier.



had he appeared wholly relieved. his countenance lively & rather
excited with pleasure, his stomach well, pain of the side, & head,
nearly gone. He wished to eat. a cup of weak tea was allotted
him. I returned home. but had been there but a very short
time when I received a note, requesting me to visit him again.
I found him perfectly delirious, with a very frequent, weak pulse;
skin rather cool, & extreme flaccidity of the muscles, with ~~an~~^{ti}
the power of dep^{ti}h^{ti}. In this hopele^{ti}s condition I applied
a large blister to his head; & others to the neck, & scapular
to the feet. If he could have swallowed I would have given the
carbonate of ammonia & wine very freely. He lived until the
next evening. I was not permitted to examine the body post
mortem. The winter passed over, without my seeing any other
violent case of the disease. It was seen frequently but in a much
milder form, yielding to emetics, purgatives, & Dover's powder,
with lepid drinks; & occasionally in protracted cases calomel in
combination with the antimonial powder, was given, until phy-
sion was produced. The spring, was very cold dry & windy, un-
till late in April. I was again sent for to see the brother of the
young man, whom we have given. He was attended with a more
chill



chill, & acute pain, low down in the left side of the chest. In this case, perfect reaction had taken place, and the usual symptoms of high inflammation, ^{action} excited, strongly marked. Active depletion was promptly used: 200z of blood were drawn off in the course of 5 hours, but without affording any thing but temporary relief. His pulse was not subdued, or the pain much relieved. I believed at the time that this was a case of pleuritis, & left the patient after giving a purge, with directions to take more ^{blood} at short intervals, until the pain gave way. A large blister was directed to be applied to the side & the antimonial powder to be used. The bleeding was not repeated as directed. He died on the fifth day, with scalded abdomen, heavy & laborious respiration, rattling of mucus in the bronchia, irregular pulse; in short with all the symptoms, in disastrous effusion, into the cavities of the chest & abdomen. He had been occasionally delirious. His pulse continued active until one hour before his death; The pain was not relieved until effusion had taken place. A few days after this I was called to the same neighborhood to see a young man; a waggoner, he was lean & thin but hardy & strong, when in health. He had for
for



for a few days previous ^{to his onset} attack complained of the ordinary symptoms of catarrh. He was suddenly taken with a chill, which was immediately followed by reaction & fever, with acute pain in the side, & head-ache, with difficult & painful respiration, so much so that he could scarcely talk. His very hot tongue white, pulse choked or tense, lasting so in the minute, his face expressing great suffering & dejection. He had been in this condition 8 or 10 hours before I saw him. During this time his mother had endeavored to relieve him by placing his feet in warm water, & administering warm tea, & applying hot salt to the chest, she also used corn, soaked in water & placed hot around his body, for the purpose of producing sweat, but without success. His situation became insupportable from the increase of heat & pain. I felt some embarrassment, from the bad success, which had attended depleting remedies, in the less pressing cases, and was very anxious, to resort to emetics, & sudorifics, for his relief. As these remedies had been so much resisted by some, as remedies, for this most rebellious disease, pretty active measures to produce a flow of sweat, had been tried, without effect. Before me were all the symptoms, which indicate, a true inflammation, of a serous membrane, covering parts essential to life.

life



I really felt it impossible, to rely on remedies, comparatively fe-
ble, when placed in the scale with bloodletting; as a remedy for
acute inflammation. I therefore determined to draw blood for the
purpose of procuring, if I could, a temporary remission, of the more
violent symptoms. I ~~put~~ ^{made} a ligature on his arm and took away a large
quantity of blood, before any relief was procured, he was not much weak-
ened by the abstraction. I then gave him in divided portions 2 grs
of ipecacuan, & 3 grs of castor oil, this was all taken, and warm
water freely drunk, without even producing nausea. The ipecacuan was
repeated in 5 grain doses every 10 minutes for sometime; the fowls touched
with an oiled feather; but every effort was unavailing, to pro-
duce vomiting, or even perspiration; the medicine opened his bowels.
During the afternoon his pain became very urgent, pulse tense
and insupportable; he was bled again, with temporary relief.
I omitted to mention in the history of the other case, that the
blood after coagulation, was covered with a very dense coat of co-
agulating lymph: The blood drawn from this man, ~~coagulated~~
firmly, without the buffy coat but was very blood and dense.
15 grs of calomel were now given to him, & castor oil in small doses,
every hour, until he was fully purged. 3 grs of oil were taken before
this



This effect was produced. A large blister was next applied to the
thorax. He passed a sleepless night, as was very common in such
cases. The blister drew well, but produced very little relief. He was
again bled, & the antimonial powder freely given, with tepid drinks.
The polygala senega was also given in infusion, & the blisters even
again used. But without any other effect, than that of increasing
his suffering. I have always found it next to impossible, to induce
sweating, when a hot skin, & strong arterial action, are present, by any
other means, than cold water, internally & externally used. The in-
ternal application here would have been highly improper. The tepid
baths might have been useful; no convenience for using it
was at hand. This man was bled six times in all, eighty ounces of
blood was probably taken. And every auxiliary measure used that I
knew of, to relieve him; but without effect, he died on the 7th
day of his disease. He was not delirious, his pulse continued active
untill a few hours before his death. The usual signs of effusion in
to the thorax, were strongly marked. A cold perspiration took place
after symptoms of effusion existed. A fourth case occurred in
the same neighborhood; & as I examined the body post mortem,
I will give the facts. This was a very stout young negro man he had



had complained of being unfit for labor, for a few days, before he was
 taken down. His attack was ushered in with a chill, reaction soon fol-
 lowed, & high fever continued, with acute pain of the right side, quick,
 & very difficult respiration, attended with great anxiety, a frequent
 tense pulse, & white tongue. He had some blood & taken a dose of salts be-
 fore I saw him, with^{out any} mitigation of symptoms. I drew from ^{him} 15 $\frac{1}{2}$ of
 blood, & again tried the emetic; given in divided portions, and carried to
 a large quantity, with all the auxiliary means, to provoke emesis; but
 without effect. His bowels were moved by the emetic article. Arte-
 rial action continuing, very strong; he was again bled 16 $\frac{1}{2}$, &
 20-grains of calomel given, to be followed, by a solution of Gloubers
 salt. As the blister in the preceding cases had been useless, I did
 not use it in this case. The next morning he was no better, more
 blood was taken, to procure some ease for him, & the antivenereal powder
 given, with tepid drinks. In the afternoon he became delirious,
 pulse small & very irregular, breathing oppressed, abdomen tumid,
 I considered these symptoms fatal, & nothing more was attempted.
 he died in the night, 3 days after the attack. The next day the body
 was examined. On opening the thorax, the lungs appeared distended,
 protruding from the opening; the pleura covering the lungs & lining
 living



lining the ribs was highly inflamed: all the serous vesicle injected with red blood. The right lung adhered, to the pleura of the ribs, at several points. Very large masses of coagulating lymph, lay on each lung, & the sacks, of the pleura, contained nearly a quart of bloody serum. The pleura was inflamed throughout its whole extent. The Bronchia & air cells were filled with their mucous: no appearance of disease in the cavity of the abdomen; no effusion there. This was the last violent case which occurred during the spring, the weather became warmer, & the disease gradually disappeared. This disposition, fully confirmed my opinion, of the inflammatory character of the disease, & I regretted very much that I had not employed the lancet boldly. The general prejudice against venesection was very great. In all the other cases, met with, during the spring; one or two copious bleedings, cured the disease, I did not see a single case of the apurpuric, or typhoid form of the disease, perhaps the state of the weather had an influence on the character of the disease: it was such as predisposes to inflammatory affections of the respiratory organs. The disease again made its appearance, in the last of November, & proceeded throughout the winter, & assumed a different character, the action after a few days was typhoid, & the local deliriousness, to the head, & mucous membrane of the lungs, producing bloody expectoration.

impia



The disease generally came on in the following manner. The patient, began to complain, of lassitude, dulness, & some degree of slight oppression, with the slight pain of the head, or chest. These symptoms increasing, he was soon confined. The system feebly reacting, the breathing soon became difficult, with increase of pain, attended with coughs & bloody expectoration, with more or less congestion in the lungs. Increased heat of the surface, & delirium, soon followed, of moderate character. Delirium was generally preceded, by unconsciousness. Patients made but little complaint. The tongue was loaded, & tinged, with yellow, the bowels torpid, pulse, sometimes full, but very compressible. The disease was now protracted, & had a second stage. The tongue dry, & covered with a very thick dark crust, increase of delirium. The breathing more laborous, dark bloody matter exhaled, black discharges from the intestines, with increased debility of the muscles, the pulse weaker, & more frequent; skin dry & hot, with great restlessness. This form of the disease was very dangerous, & if great relief was not obtained in the first stage, death generally occurred in the second stage, about the 11th or 12th day. The treatment was generally begun with an emetic, which operated readily, & discharged much bile. They relieved head ache, promoted expectoration, & relaxed the skin,

skin



The bowels were next opened by a large dose of calomel, followed by oil,enna, or salts. The antimonial powder, & calomel, were now given, with tepid drinks - afterwards blisters, to the neck, chest, & lower extremities. The polygala saraga, was here very useful, in promoting sweat, or expectoration. Opium camphor & Mezerian, were sometimes, combined, & given at night, to allay cough, & promote the discharge from the skin. In the second stage, blisters were applied, to the head, & the carbonate of ammonia, in large doses, frequently repeated, with some delay, was chiefly relied on, with light stimulating food. The carbonate of ammonia, soon improved the tongue & pulse, & was decidedly superior, to any other article, used in this stage of the disease. Inflamed parts, became livid, & were almost insensible. The discharge of very black matter from the lungs, with great stuffing, or engorgement, was generally fatal. Effusion onto the chest, was very uncommon, in this form of the disease. The serous membranes did not appear to be so much affected. Hæm or lyp, congestion, could scarcely excite. I could go on to protect this essay with many more cases but I think it quite unnecessary to say more on the subject.















